

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
511848
FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1	1						51			
2		1					52			
3	1						53			
4		1					54			
5	1						55			
6		1					56			
7	1						57			
8		1					58			
9		1					59			
10	1						60			
11	1						61			
12	1						62			
13	1						63			
14	10						64			
15	10						65			
16	10						66			
17	10						67			
18	10						68			
19	10						69			
20	10						70			
21	10						71			
22	10						72			
23	10						73			
24	10						74			
25	10						75			
26	10						76			
27	10						77			
28	10						78			
29	10						79			
30							80			
31							81			
32							82			
33							83			
34							84			
35							85			
36							86			
37							87			
38							88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	3						TOTAL IND.			
TOTAL DEP.	10						TOTAL DEP.			
TOTAL CLAIMS	13						TOTAL CLAIMS			